

Submitter: Karen Pyeatt  
On Behalf Of:  
Committee: Joint Committee On Ways and Means  
Measure, Appointment or Topic: HB5006

I am a 5th generation Oregonian, public school student until 1976 when School District #9 closed in late fall due to lack of funding. I am registered nurse of 40 years and employee at West Linn Wilsonville School District for the last 14 school years. I have many actual stories I can share, so please reach out if you are interested.

"Effective early intervention is like building better fences at the top of the cliff, rather than parking ambulances at the bottom. Prof. Pamela Snow (2019)

1. Our nurses care deeply for our students physical and emotional wellbeing. In order to maximize that care, students have to be at school.
2. We are expected to do more with less, while rates of pediatric diagnoses are not receding.
3. If our students came to school "ready to learn", it would be one thing...but if/when they come (a certain percentage, often late and distracted), they often come in dysregulated which impacts the whole class. Students complain of somatic concerns which need to be assessed to determine if this is a physical illness. Mental health concerns often have physical symptoms. The root of the problem must be found before effective treatment can be put into place.
4. Nurses are able to assess student health to determine if they are well enough to be at school, giving credibility to encourage them to return to class.
5. Students who miss more school days become students who lose their confidence in being in class. They are afraid they will not be able to catch up on the learning and they also worry that their friends will have found other friends and they may be isolated. Anxious students do not learn well.
6. District nurses have literally saved student's lives by being in the right place at the right time. But next fall, it is likely that we will be relegated to our district office (telehealth), leaving the individual school health rooms to be overseen by caring, but unlicensed office staff. Fewer nurses mean more absences which mean less "seat time", which means slower/fragmented learning (our district has lost 30% of the nursing team, leaving 5 FTE to support 16 buildings/9000 students).
7. Public schools emphasize teachers over nurses in their budgets, but students must have access to both. Our students are not immune to any and all pediatric diagnoses whether it be diabetes, life threatening allergies, adrenal insufficiency, POTS, asthma, heart conditions, cancer, fractures, chromosome differences, gun violence, etc. No other type of nursing has that kind of depth/breadth to be ready to serve at a moment's notice. Please read that again. Nurses don't have back up nurses to rely on in an emergency. We train, prepare and hope every day we've done enough. For some students, the nurse at school is their only access to health care.

If you read all the way to here, thank you. Having been at Saturday's meeting in Gresham, I know all the speakers believe they need to be in your ears. My best to you all-

Karen Pyeatt RN BSN NCSN